

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

28759

File No. _____

Registered No. 35

1. PLACE OF DEATH

County Cleek Registration District No. 190
Township Jay Primary Registration District No. 4113
City Kahoka (No. _____) St. _____ Ward _____

2. FULL NAME

Emma DeJarnett
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F. M.</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (OR) WIFE OF <u>Robert DeJarnett</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 3, 1855</u>		
7. AGE	YEARS	MONTHS
	<u>77</u>	<u>6</u>
		<u>1</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. <u>At Home</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. " "	
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jacobsboro, Pennsylvania</u>		
FATHER	13. NAME <u>Christian Arnold</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Penn.</u>	
MOTHER	15. MAIDEN NAME <u>Sarah Ann Stouffer</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Penn.</u>	
17. INFORMANT (ADDRESS) <u>Jacob Arnold, Kahoka, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Kahoka Cem.</u> DATE <u>9/6</u> , 19 <u>32</u>		
19. UNDERTAKER (ADDRESS) <u>Fred Kule, Kahoka, Mo.</u>		
20. FILED <u>1/5</u> <u>J. H. Bridges</u> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 4, 1932

I HEREBY CERTIFY, That I attended deceased from Aug 26, 1932 to Sept 4, 1932
I last saw him alive on Sept 3, 1932. Death is said to have occurred on the date stated above, at 8 P.M.
The principal cause of death and related causes of importance were as follows:
Cor. Myocarditis Date of onset 9/3
930
162
Other contributory causes of importance:
Senility (1)

Name of operation _____ Date of _____
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) M. D. Hobb, M. D.
(Address) Kahoka, Mo.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCT 25 1932

